DOCKET ITEM: C-1	BOARD MEETING: December 6-7, 2011	EXEMPTION NUMBER: E-012-11								
EXEMPTION APPLICANT(S	EXEMPTION APPLICANT(S):									
Alexian Brothers Health System, Ascension Health										

**FACILITY NAME and LOCATION:** 

St. Alexius Medical Center, Hoffman Estates

### **EXECUTIVE SUMMARY**

### **PROJECT DESCRIPTION:**

• The applicants are Alexian Brothers Health System and Ascension Health. The applicants are proposing a change in control of the health care facility's operation, physical plant, and assets. The FMV of the transaction is \$153,075,000.

### WHY THE PROJECT IS BEFORE THE STATE BOARD:

• 20 ILCS 3960 states that a change of control of a licensed health care facility requires approval of the State Board. Ascension Health has an "AA+" Bond rating therefore the applicant qualifies for an exemption to the certificate of need application.

### PURPOSE OF THE PROJECT:

• To seek approval of the State Board for a change of ownership of a health care facility as required by the 20 ILCS 3960.

### **BACKGROUND/COMPLIANCE ISSUES:**

• There were no background or compliance issues associated with the applicants.

### FINANCIAL AND ECONOMIC FEASIBILITY:

• Ascension Health has an "AA+" Bond rating. Fitch notes "Ascensions' broad scope of operations, preponderance of high performing providers with strong market positions, consistent operating results, well developed management practices and low debt burden combine to support Fitch's highest long term rating for acute care systems. Due to the wide geographic dispersion of its operations, Ascension's financial results are relatively insulated from local regional, economic, political, and demographic changes that could negatively impact pricing, inflation, and/or patient volumes."

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### **CHARITY CARE:**

• The applicants have attested that there will be no change in charity care for two years after project completion. The 2010 Hospital Profile Information is attached at the end of this report.

### **CONCLUSION:**

• All requirements of the exemption application have been met. 20 ILCS 3960/6 states "The State Board shall establish by regulation the procedures and requirements regarding issuance of exemptions. An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility. For a change of ownership of a health care facility between related persons, the State Board shall provide by rule for an expedited process for obtaining an exemption. In connection with a change of ownership, the State Board may approve the transfer of an existing permit without regard to whether the permit to be transferred has yet been obligated, except for permits establishing a new facility or a new category of service."

# STATE AGENCY REPORT CHANGE OF OWNERSHIP EXEMPTION

## I. The Exemption Application

The applicants, Alexian Brothers Health System and Ascension Health are proposing a change in the membership or sponsorship of a not for profit corporation that owns or controls an Illinois licensed health care facility, as well as the physical plant and assets. Per the Strategic Affiliation Agreement between the two applicants, Ascension Health will become the sole corporate member of Alexian Brothers Medical Center, and Alexian Brothers Health System will operate as one of Ascension's Health Ministries. Board Staff notes there are two other facilities/exemption applications involved in the proposed transaction, they are Exemption E-013-11, Alexian Brothers Medical Center, Elk Grove Village, and E-014-11, Alexian Brothers Behavioral Health Hospital, Hoffman Estates. The fair market value of the facility to be acquired is \$153,075,000.

The Illinois Health Facilities Planning Act defines a change of ownership as

". . . a change in the person who has ownership or control of a health care facility's physical plant and capital assets. A change in ownership is indicated by the following transactions: sale, transfer, acquisition, lease, change of sponsorship or other means of transferring control."

### II. The Facility

St. Alexius Medical Center (SAMC) is a 310-bed acute care hospital located in Hoffman Estates. Table One below identifies the bed category of services and the authorized beds offered by the hospital, and their 2010 utilization.

TABLE ONE												
St. Alexius Medical Center, Hoffman Estates												
2010 Utilization												
Beds	Beds	Admissions	Days*	ALOS	ADC	Utilization	Target Occ.	Met Target				
Medical Surgical	212	11,676	54,969	4.7	150.6	71%	88%	No				
Pediatric	17	941	4,716	5.0	12.9	76%	65%	Yes				
Intensive Care	35	1,807	7,276	4.0	19.9	57%	60%	No				
Obstetric	38	3,403	8,613	2.5	23.6	62.1%	78%	No				
Neonatal	8	107	924	8.6	2.5	31.6%	75%	No				
Total	310	17,934	74,498									

# III. The Applicant

Ascension Health is a Missouri-based nonprofit corporation that operates in more than 500 locations and twenty states. The applicants provided a list containing 77 acute care hospitals operating within the Ascension Health network (application, p. 27). Ascension Health has an AA+ bond rating.

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## IV. The Proposed Transaction and Attestations

Alexian Brothers Health System is proposing to combine its health care system and operations into Ascension Health, the largest not-for-profit Catholic health care system in the United States, as part of a corporate affiliation transaction. The proposed affiliation will result in the transfer of the ultimate control of Alexian Brother's three Illinois hospitals, Alexian Brothers Medical Center, Elk Grove Village (exemption application E-013-11) Alexian Brothers Behavioral Health Hospital, Hoffman Estates (exemption application E-014-11), and St. Alexius Medical Center, Hoffman Estates (exemption application E-012-11). The applicants attest that Alexian Brothers Health System's decision to merge with Ascension Health is one that best fits Alexian Brothers' strategic plan, mission, Both Ascension and Alexian Brothers Health culture, and financial goals. Systems are catholic organizations, and will continue to abide by the Ethical and Religious Directives for Catholic Health Care Services. Ascension will offer expanded access to resources necessary for modern health care.

Part of the transaction involves Ascension's obligation to fund a portion of St. Alexius Medical Center's campus modernization program up to \$125,000,000, (Project #09-054), fund the defeasance of outstanding Alexian Brothers Health System debt, and fund an existing Alexian Brothers' long term care project in Tennessee up to \$30,000,000.

The applicants have attested that all beds and services will not substantially change for at least 12 months following the completion of the proposed transaction, and there will be no change resulting in the restriction of patient admissions or reductions in access to care or a more restrictive charity care policy. The applicants attest that an Alexian Brother will be the Chairman of Alexian Brothers Health System Board for a minimum of 4 years, and an Alexian Brother will serve on the Board of Trustees for Ascension Health. The applicants have certified that no adverse actions have been taken against them by the federal government, licensing or certifying bodies of the State of Illinois. The anticipated date for transaction completion is on or before January 1, 2012.

# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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# VI. Other Information

Included in the information submitted to the State Board is the change of ownership exemption application for the proposed change of ownership of St. Alexius Medical Center, Hoffman Estates.

Page 1 Hospital Profile - CY 2010 St. Alexius Medical Center **Hoffman Estates** Ownership, Management and General Information Patients by Race Patients by Ethnicity Edward M. Goldberg 13.2% **ADMINISTRATOR NAME:** White 62.1% Hispanic or Latino: **ADMINSTRATOR PHONE** 847-490-6901 78.6% Black 4.7% Not Hispanic or Latino: **OWNERSHIP:** Alexian Brothers Health System 8.1% American Indian 0.0% Unknown: **OPERATOR:** St. Alexius Medical Center Asian 8.7% **IDPH Number:** 4994 Church-Related **MANAGEMENT:** Hawaiian/Pacific 0.0% **HPA** A-07 **CERTIFICATION:** Unknown: 24.5% **HSA** 7 **FACILITY DESIGNATION:** General Hospital CITY: Hoffman Estates Suburban Cook County 1555 N. Barrington Road COUNTY: **ADDRESS** Facility Utilization Data by Category of Service CON Authorized **Peak Beds** Average Average Staff Bed Inpatient Observation Occupancy CON Beds Setup and Peak Daily Occupancy Length **Clinical Service** 12/31/2010 12/31/2010 Staffed Census Admissions Days Days Census Rate % of Stay Medical/Surgical 49,939 5,030 212 191 191 11,676 4.7 150.6 71.0 78.8 0 0-14 Years 0 8,179 15-44 Years 2,545 13,528 3,428 45-64 Years 9,521 65-74 Years 2.033 75 Years + 3,670 18,711 17 27 3,023 1,693 **Pediatric** 27 941 5.0 12.9 76.0 47.9 35 25 1,807 7,217 59 **Intensive Care** 25 79.7 4.0 19.9 57.0 Direct Admission 1,807 7,217 Transfers 0 0 Obstetric/Gynecology 38 28 3.403 8,337 276 28 2.5 23.6 62.1 84.3 Maternity 2,896 6,877 Clean Gynecology 1,460 507 924 0 8 8 8 107 8.6 2.5 31.6 31.6 Neonatal 0 0 0 0 **Long Term Care** 0 0 0.0 0.0 0.0 0.0 0 **Swing Beds** 0 0.0 0.0 0 0.0 0 0 0 0 0 0.0 0.0 0.0 **Acute Mental Illness** Rehabilitation 0 0 0 0 0 0.0 0 0.0 0.0 0.0

(Includes ICU Direct Admissions Only)

0

**Long-Term Acute Care** 

Dedcated Observation

**Facility Utilization** 

0

0

310

0

	Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals					
	35.2%	19.9%	0.0%	40.3%	1.0%	3.5%						
Inpatients	6316	3576	0	7234	175	633	17,934					
	18.4%	20.3%	0.0%	57.6%	2.0%	1.7%						
Outpatients	36389	40149	67	113920	3927	3409	197,861					
Financial Year Reported:	1/1/2010 to	12/31/2010	Inpatient and Outpa	Charity	Total Charity							

0

17,934

0

69.440

0

0

7,058

0.0

4.3

0.0

209.6

0.0

67.608

0.0

Financial Year Report	<u>ed:</u> 1/1/2010 to	o 12/31/2010	<u>Inpatient</u>	Inpatient and Outpatient Net Revenue by Payor Source Charity						
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Care	Care Expense 7,209,198		
Inpatient	36.2%	12.4%	0.0%	43.7%	7.7%	100.0%	Expense	Totals: Charity		
Revenue ( \$)	50,981,728	17,539,953	0	61,546,751	10,876,710	140,945,142	3,891,953	Care as % of		
Outpatient	14.2%	10.4%	0.0%	62.4%	13.0%	100.0%		Net Revenue		
Revenue (\$)	24,029,811	17,606,604	13,525	105,777,949	22,124,969	169,552,858	3,317,245	2.3%		

Birthing Data		Newborn Nursery Utilizati	Organ Transplantation		
Number of Total Births:	3,107	Level 1 Patient Days	5,937	Kidney:	0
Number of Live Births:	3,090	Level 2 Patient Days	0	Heart:	0
Birthing Rooms: Labor Rooms:	0	Level 2+ Patient Days	3,475	Lung:	0
Delivery Rooms:	2	Total Nursery Patientdays	9,412	Heart/Lung:	0
Labor-Delivery-Recovery Rooms:	11	<u>Laboratory Studies</u>		Pancreas: Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies	570,474		0
C-Section Rooms: CSections Performed:	2 1089	Outpatient Studies Studies Performed Under Contract	634,770 72.398	Total:	U

<sup>\*</sup> Note: According to project #09-054, approved on 3/2/2010, St. Alexius Medical Center, Hoffman Estates, received permit for a major modernization. It includes discontinuation of 27 M/S, 18 Pediatrics beds, and addition of 10 OB and 6 ICU beds. Upon completion, the facility will have 229 M/S and Ped beds, 38 OB beds and 35 ICU beds.

Total ED Visits (Emergency+Trauma):

	Surgery and Operating Room Utilization										_		
Surgical Specialty	ialty Operating Rooms				Surgica	al Cases	9	Surgical Hours			Hours per Case		
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient		
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0		
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0		
General	0	0	11	11	1229	1665	2563	2761	5324	2.1	1.7		
Gastroenterology	0	0	0	0	30	90	40	108	148	1.3	1.2		
Neurology	0	0	0	0	133	25	497	90	587	3.7	3.6		
OB/Gynecology	0	0	0	0	522	1431	1324	2261	3585	2.5	1.6		
Oral/Maxillofacial	0	0	0	0	5	58	17	121	138	3.4	2.1		
Ophthalmology	0	0	0	0	19	975	43	1382	1425	2.3	1.4		
Orthopedic	0	0	0	0	918	1839	3233	4965	8198	3.5	2.7		
Otolaryngology	0	0	0	0	32	326	57	601	658	1.8	1.8		
Plastic Surgery	0	0	0	0	18	262	36	748	784	2.0	2.9		
Podiatry	0	0	0	0	70	288	176	663	839	2.5	2.3		
Thoracic	0	0	0	0	139	26	466	44	510	3.4	1.7		
Urology	0	0	0	0	284	462	689	653	1342	2.4	1.4		
Totals	0	0	11	11	3399	7447	9141	14397	23538	2.7	1.9		
SURGICAL RECOVERY STATIONS Stage 1 Recover				ery Stations	16	Sta	age 2 Recove	ery Stations	24				

	Dedicated and Non-Dedicated Procedure Room Utilzation											
	Procedure Rooms				Surgical Cases			Surgical Hours			Hours per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	4	4	1842	6237	1407	4702	6109	8.0	0.8	
Laser Eye Procedures	0	0	2	2	2	1264	1	128	129	0.5	0.1	
Pain Management	0	0	1	1	56	1909	28	965	993	0.5	0.5	
Cystoscopy	0	0	1	1	14	233	7	116	123	0.5	0.5	
	<u>Multip</u>	ourpose No	n-Dedicate	d Roon	<u>18</u>							
Minor Procedures	0	0	1	1	19	524	7	192	199	0.4	0.4	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
Cardiac C					Cardiac (	Catheterizati	on Utilization	1				
Total Cath Labs (Dedicated+Nondedicated labs):			2	2		Total Cardiac Cath Procedures:					245	
Cath Labs used for Angi	iography pr	ocedures	2	2	Diagnostic Catheterizations (0-14)					ĺ	0	
Dedicated Diagnostic Ca	atheterization	on Labs	C	)		Diagnostic Catheterizations (15+)						
Dedicated Interventiona	l Catheteriz	ation Labs	C	)		Interventional Catheterizations (0-14):					0	
Dedicated EP Catheteriz	zation Labs		C	)		Interventional Catheterization (15+)					280	
<u>Emergenc</u>	y/Trauma (	Care				EP Catheterizations (15+)						
Certified Trauma Center			Ye	es.								
Level of Trauma Service		Level 1	Level	2				liac Surgery	<u>Data</u>			
	No	t Applicable	Adult					gery Cases:			0	
Operating Rooms Dedicate	ted for Trau	ma Care		0			ediatric (0 -	,			0	
Number of Trauma Visits:			30	2			•	ars and Olde	,		0	
Patients Admitted from Tr	auma		8	6				ypass Grafts				
Emergency Service Type:		Co	omprehensiv	/e		репоп	ned of total	Cardiac Cas	es:		0	
Number of Emergency Ro			33	. •			Outpat	ient Service	<u>Data</u>			
Persons Treated by Emerg			52,694	4		Total Outpat				239	,617	
Patients Admitted from En			10,370			•		e Hospital/ Ca	•		,143	
Total ED Visits (Emergend	0 ,	1:	52.99			Outpatient Visits Offsite/off campus				3	,474	

Diagnostic/Interventional Equipment			<u>Exami</u>	nations		Radiation Equipment			Therapie	
	Own	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments	
General Radiography/Fluoroscopy	13	0	28,243	47,971	0	Lithotripsy	0	0	0	
Nuclear Medicine	3	0	2,392	2,879	0	Linear Accelerator	1	0	5,840	
Mammography	3	0	20	14,649	0	Image Guided Rad Therap	y 0	0	524	
Ultrasound	8	0	7,097	21,778	0	Intensity Modulated Rad T	hrpy 0	0	694	
Angiography	0	0				High Dose Brachytherapy	0	0	0	
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0	
Interventional Angiography			1664	1258	0	Gamma Knife	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0		U	Ü	Ü	
Computerized Axial Tomography (CAT)	3	0	12,244	23,512	0	Cyber knife	0	0	0	
Magnetic Resonance Imaging	2	1	3,548	6,882	0					

52,996

E-012-11 St. Alexius Medical Center - Hoffman Estates



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